

Emergency
Plan

Disaster
Supply
Kit

Current
Information

Disaster
Registry

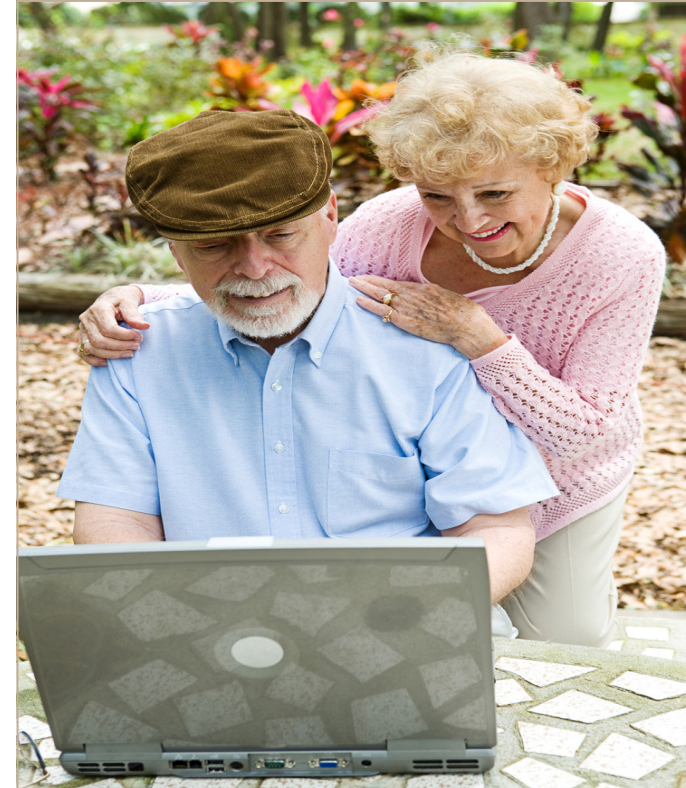
Enrolling in the Registry is the first step...

Being prepared to face emergencies is a personal responsibility for everyone. The Disaster Registry is an important part of your emergency preparedness efforts.

Service provided by:



**For more information contact:
Office of Emergency Management
Phone: 343-1401 or visit our
website at muni.org/oem**



DISASTER^REGISTRY

for seniors and people with functional disabilities

Confidential, free & easy



The Disaster Registry is a community assessment service that helps the Municipality:

- 1) identify residents with a functional disability who may need evacuation assistance**
- 2) better serve the special needs population during evacuation and sheltering**

4 easy ways to register!

Mail: MOA Disaster Registry
3625-A Dr. MLK Jr. Ave
Anchorage, AK 99507

Fax: (907) 343-2582

Online: muni.org/oem/registry.cfm

Phone: (907) 343-2567



Who should register?

Any Anchorage resident without a support network who:

- Is housebound
- Has a physical disability
- Is medically fragile
- Has a disabling mental illness

Who should not register?

- People with a support network
- People who can function independently
- Assisted living facility or health care facility residents
- Persons who are not likely to need special assistance beyond that which the general public would need during an emergency

How often will I have to register?

Please let us know whenever your contact information changes. We will also send out a letter annually prompting you to verify that we have your correct information on file.

Disaster Registry Form

(one individual per form only)

Name: _____ Phone: _____

Address: _____

City, Zip Code: _____

Mailing Address (if different): _____

Emergency Contact who does not live with you:

Name: _____

Phone: _____

Relationship: _____

I authorize this information to be maintained by the Municipality of Anchorage for use during an emergency. Authorized release of this information will only occur during an emergency or to verify registration.

Signature of party or responsible caregiver: _____

Date: _____

What conditions makes you vulnerable to a disaster?

☐ Cognitive impairment

☐ Physical disability

☐ Mental illness

☐ Hearing or Visual impairment
(circle one)

☐ Developmental Disability

☐ Dementia / Alzheimer's

☐ Renal dialysis

☐ Medical life support (describe)

☐ Mobility impairment (list mobility aids) _____

☐ Other (describe) _____
